



Approved by State Board of Accounts, 2004

☐ Change of address for employer

EMPLOYEE NAME	ISETS CASE NUMBER	EMPLOYEE SSN	CAUSE NUMBER	PAYMENT AMOUNT *
* This field should be calculated based on the current income withholding order and your payroll cycles.			TOTAL AMOUNT	

For questions concerning electronic transfer of payments, call (317) 232-4893 or (317) 234-1512.

COMPLETE THIS FORM AND MAIL WITH PAYMENT TO: Indiana State Central Collection Unit, P.O. Box 6219, Indianapolis, IN 46206-6219